## 107-000121493

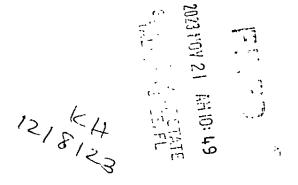
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## **COVER LETTER**

SUBJECT: RIGHT CHOICE REALT! LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JEREMY RABY Name of Person
RIGHT CHOICE REALTY LLC Firm/Company
9001 DANIELS PKWY # 102
City State and Zip Code  TRABY 2000 @ CIMA-1 L. COM.  E-mail address: (to be used for hunge annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JEZZEMY RABY at 513   283-4299   53   Name of Person Area Code Daytime Telephone Number   55   57   58   58   59   59   59   59   59   59
Enclosed is a check for the following amount:
S25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIGHT CHOICE RE (Name of the Limited Liability Com) (A Florida Limited	pany as it now appears on our records. d Liability Company)	ō
The Articles of Organization for this Limited Liability Compar	ny were filed on 12/6/20	and assigned
Florida document number LO7060 12149 3.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· ·
Enter new mailing address, if applicable:		2023
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter ti</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street achtress	
	, Flor	rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Type of Action Name Address MGR ROGER F MORRIS 9001 DANIELS PKWY #102 MANDE ET MUES, FL 33912 DRemove \_\_\_\_\_ Change \_\_\_\_\_ 
Remove \_\_\_\_\_ □Change \_\_\_\_\_ 🗆 Remove □Remove \_\_\_\_\_\_ □Change 

D. If amending any other information, enter change(s) here: (Attach a	additional sheets, if necessary.)
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<del></del>	
	22
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing  Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	g or more than 90 days after filing.) Pursuant to 605,0207 (3)(b)
If the record specifies a delayed effective date, but not an effective time, at 12:01 record is filed.	a.m. on the earlier of: (b) The 90th day after the
Dated November 14, 2023	
Signature of a member or authorized represent	lative of a member
JEREMY RABY	MANIFE OF A CHEMICE

Filing Fee: \$25.00

Typed or printed name of signee